

CLINICAL PRACTICE ALERT

December 2005

URINE PREGNANCY TESTING IN THE OFFICE

The intent of Family PACT is to promote optimal reproductive health and to reduce unintended pregnancy by lowering barriers to obtaining family planning services. Specified laboratory tests, including pregnancy tests, are a benefit of the program. This Clinical Practice Alert provides guidance on appropriate utilization of the office urine pregnancy test (PT) and interpretation of related Family PACT Standards.

KEY POINTS

- **Pregnancy evaluation involves more than the provision of a pregnancy test. Office PTs shall be done in the context of clinical or education and counseling (E&C) services, and not solely for the purpose of a PT. Counseling shall include information about all options appropriate to the test result.**
- **A routine PT is not necessary before the initiation of contraception. Recent unprotected intercourse, timing of method initiation, and the day of the menstrual cycle should be considered when determining the necessity of a PT. Routine use of a PT in every patient is discouraged.**
- **A negative pregnancy test represents a teachable moment. Contraception and STI counseling, advanced provision of emergency contraception, or if appropriate pre-conception care, all should be discussed.**

Questions and Answers

When is a PT indicated?

PTs are medically indicated under specific clinical circumstances such as delay of menses, amenorrhea, abnormal vaginal bleeding, symptoms of pregnancy, acute pelvic pain, and “quick start” initiation of hormonal contraception.

How accurate are urine pregnancy tests?

Most highly sensitive urine pregnancy tests become positive at a β -HCG level of 10-20 mIU/ml. This means with a normal pregnancy, a PT is generally positive by 10 days after conception and certainly by the time of the expected menses. More than 99% of women with ectopic pregnancies will have positive highly sensitive urine PT. Serum β -HCG levels are not a benefit of Family PACT because of the high accuracy of qualitative urine pregnancy kits.

When is the best time in the menstrual cycle to initiate contraception?

Contraception may be initiated anytime in the menstrual cycle once pregnancy has been ruled out. Pregnancy can be excluded by menses, absence of recent sexual activity, or a negative pregnancy test at least 10 days after unprotected sex. The client's unique situation must be considered in determining the appropriateness of initiating contraception using the “Quick Start” method. Back up contraception must be used until the method is effective.

Is a PT always necessary before every Depo-Provera® injection?

No. A PT is not indicated if the interval between doses is less than thirteen weeks *and* the first injection was initiated after pregnancy was ruled out. If these criteria are met and there are no other testing indications, a PT is not indicated even if the woman is amenorrheic.

Is a PT always necessary before dispensing emergency contraception (EC)?

No. Since EC must be given within 120 hours of the latest episode of unprotected intercourse, it is too early for a PT to be positive. However, if there is a possibility of pregnancy from a prior cycle, or if unprotected intercourse occurred more than 10 days earlier, a PT is indicated.

Why is this clinical alert being released now?

Family PACT evaluates resource utilization as part of ongoing quality improvement. While the decision to use a PT rests with the clinical judgment of the provider, chart documentation must support medical necessity. Frequency of PT is a performance measure in the recently introduced Provider Profiles project.

RESOURCES FOR INFORMATION ON URINE PREGNANCY TESTS

- Westhoff C, Morroni C, Kerns J, Murphy PA. Bleeding patterns after immediate vs. conventional oral contraceptive initiation: a randomized, controlled trial. *Fertil Steril*. 2003 Feb;79(2):322-9
- Sneed R, Westhoff C, Morroni C, Tiezzi L. A prospective study of immediate initiation of depo medroxyprogesterone acetate contraceptive injection. *Contraception*. 2005 Feb;71(2):99-103.
- Grimes DA, Raymond E. Bundling a pregnancy test with the Yuzpe regimen of emergency contraception. *Obstet Gynecol*. 1999 Sep; 94(3):471-3.

Application of the Family PACT standards

The Family PACT Standards are parameters for expected provider performance, service delivery and quality improvement activities for providers.

Application of Family PACT Standards:

1. Informed Consent

- Consent is required only from the individual client receiving services, including minors who have the legal right to self-consent for pregnancy-related services.
- Consent for services shall be voluntary and may be withdrawn at any time.

2. Confidentiality

- Test results shall be provided in a manner that respects the privacy and dignity of the individual client.

3. Access to Care

- PT shall be provided without cost to all Family PACT clients.

4. Availability of Covered Services

- PT shall be available so as to provide results at the time of the visit.
- Office urine pregnancy testing shall be consistent with recognized medical practice standards.
- Education and counseling about all options and referral resources, whether a pregnancy is positive or negative, shall be provided in an unbiased manner that allows the client full freedom of choice.

5. Scope of Clinical and Preventive Services

- Pregnancy test services shall be provided together with required education and counseling services.
- Documentation of the rationale for clinical services pertaining to PT shall be documented in the medical record to be reimbursed for services. This shall include, but is not limited to, those topics listed in the Family PACT Standards.

6. Education and Counseling Services

- All staff performing education and counseling services shall be knowledgeable about pregnancy evaluation and the policies for use under the Family PACT Program.
- Medical record documentation shall reflect the education and counseling pertaining to pregnancy testing claimed for reimbursement. This should include, but is not limited to, those topics listed in the Family PACT Standards.

Program Policy

This alert provides an interpretation of the Family PACT Standards for integration of urine pregnancy testing into current practice: minimum service delivery requirements for PT. Providers should refer to the Family PACT *Policies, Procedures and Billing Instructions* for the complete text of the Family PACT Standards, official administrative practices and billing information. For the purposes of this and other Family PACT Clinical Practice Alerts, the term “shall” indicates a program requirement; the term “should” is advisory and not required.